



CAMPERSHIP APPLICATION

Date: _____

Camper Name: _____

Address: _____

Telephone: (Daytime) _____

Program Name: _____ Number: _____

Have you been awarded a Pecometh campership in the past? _____

If so, please indicate which year(s): _____

Name of Parent/Guardian: _____

Please make a brief statement of need in the space provided below:

For any camper receiving a campership, we would like in return, direct feedback indicating the impact Camp Pecometh had on their lives. We will send out a form after the conclusion of camp inquiring about their experience. Thank you!

For Office Use Only

Campership Awarded: _____ Date: _____ Amount: \$ _____

Confirmation Sent: _____